

TREATMENT IN GYNÆCOLOGICAL SURGERY. 129

not effectual it may be repeated once or twice at intervals of two or three hours.

Flatulence, or accumulation of flatus in the bowels, is often a distressing symptom, but generally may be effectually relieved by adding spirits of turpentine to the enema, aided by light massage over the region of the colon. A few drops of tincture of capsicum or of essence of peppermint, in water, will often give material relief. The patient should be *catheterized* shortly after operation, and, if necessary, every six hours afterwards, but she is to be encouraged to attempt to void the urine voluntarily, provided it can be done without much straining. Nearly every patient is restless and suffers more or less pain, which may be relieved by some slight change in position, or by putting a soft pad under the head and shoulders, or under the bends of the knees.

Shock following prolonged, or any operation, can best be treated by keeping up the dry heat to the body and by hypodermatics of whiskey or brandy and strychnine. The routine practice of injections of strychnine, commenced at once after operation, will often prevent the appearance of the symptoms of shock.

Hæmorrhage. Indications of collapse, with a falling temperature and rapidly rising pulse, points to this grave danger, and no time must be lost in re-opening the wound and seeking for the mischief, and stimulating treatment afterwards pursued by every effort known. Great benefit will be derived from rectal injections of normal salt solutions, but more particularly from injections of the same solution into the pectoral region by means of a small aspirating needle attached to an ordinary enema syringe. Large quantities can thus be injected, if rigidly persisted in. The vomiting, due to the anæsthesia, should be over at the end of eighteen or twenty-four hours, but sometimes it persists longer and becomes a most troublesome symptom. When vomiting continues after the third day, especially when the fluid is expelled without much apparent force, peritonitis is to be feared. Under the circumstances nothing is to be given by the mouth whatever, but rectal enema of peptonized milk or beef tea and the white of egg may be given instead. To allay thirst and dryness of the mouth it may be frequently rinsed out with cold water.

As a rule the patient should not be allowed to sit up in bed until the eighteenth day. At the end of the third week she may be allowed to get out of bed, and at the end of the fourth week, allowed to walk, but before doing so she should be furnished with an abdominal